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PTO/SB/05 (08-00)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 126881210100

First Inventor or Application Identifier Charles A. Nicolette

Title THERAPEUTIC COMPOUNDS FOR OVARIAN CANCER

Express Mail Label No. EL 849 465 103 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 57]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 2]
a. ☐ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 17 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
signed in the prior application, see 37 CFR 1.53(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TOAssistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☒ paper (6pgs)
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement of prior art (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☒ Other: Check for 980.00

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. ____ / ____

Prior application information: Examiner ____

Group / Art Unit, ____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

(Insert Customer Number or Bar Code Label here)

or ☐ Correspondence address below

Name	Antoinette F. Koski				022836	
	Baker & McKenzie				PATENT TRANSMISSION OFFICE	
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Name (Print/Type)	Antoinette F. Koski	Registration No. (Attorney/Agent)	34,202
Signature	<i>Antoinette F. Koski</i>	Date	May 30, 2001

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 980

Complete if Known

Application Number	Unassigned
Filing Date	May 30, 2001
First Named Inventor	Charles A. Nicolette
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	126881210100

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
- Deposit Account Number: 50-0574
- Deposit Account Name: Baker & McKenzie
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☐ Payment Enclosed:
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE						
Large Entity Fee Code	Entity Fee (\$)	Small Entity Code	Entity Fee (\$)	Fee Description		Fee Paid
101	710	201	355	Utility filing fee		710
106	320	206	160	Design filing fee		
107	450	207	245	Plant filing fee		
108	710	208	355	Reissue filing fee		
114	150	214	75	Provisional filing fee		
SUBTOTAL (1)						(\$ 710)

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid	
Total Claims	13	-20**	= 0	X		= 0	
Independent Claims	3	-3**	= 0	X		= 0	
Multiple Dependent	1			X	270	=	270

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 270)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Fee Description	Fee Paid
Large Entity Fee Code	Small Entity Fee Code		
105	130	205	65
127	50	227	25
139	130	139	130
147	2,620	147	2,620
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	65
116	390	216	195
117	890	217	445
118	1,390	218	665
128	1,880	228	945
119	310	219	155
120	310	220	165
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

SUBMITTED BY

Name (Print/Type) Michael E. Korok Registration No. 34,202

Signature [Signature]

Complete (if applicable)

Telephone (850) 856-2400

Date May 30, 2001

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